

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
SELECTION SERVICES SECTION
SUPPLEMENTAL APPLICATION EXAMINATION FOR NURSING CONSULTANT, PROGRAM REVIEW**

Read instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Nursing Consultant, Program Review with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

Candidate's Name: _____

Social Security Number: _____

Address: _____

Home Phone Number: _____

Work Phone Number: _____

Nursing License: _____

Number	Expiration date	State
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Signature

Date

I certify that all the statements I have made in this application are true and correct.

MAILING INSTRUCTIONS:

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 to the address listed below. You may download a copy of the State application from the State Personnel Board's website at www.spb.ca.gov

**MAIL COMPLETED
STD. 678 AND
SUPPLEMENTAL
APPLICATION TO:**

California Department of Corrections and Rehabilitation
Selection Services Section
P. O. Box 942883
Sacramento, CA 94283-0001

**NURSING CONSULTANT, PROGRAM REVIEW
SUPPLEMENTAL APPLICATION**

Name: _____

MINIMUM QUALIFICATIONS

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (std. form 678) clearly indicates your education, experience, and licensure information that meet the minimum qualifications for this exam.

Possession of a valid license to practice as a registered nurse in California. (Applicants who do not possess such a license will be admitted to the examination, but they must secure such a license before they will be considered eligible for appointment.) **And**

EXPERIENCE

1. Three years of progressively responsible experience in nursing/psychiatric nursing, which must have included in addition to direct care of developmentally disabled clients and/or psychiatric patients; and/or inmates or youthful offenders: (1) Two years of administrative experience at a level of responsibility comparable to an assistant coordinator of nursing services in a large facility for the developmentally disabled and/or hospital for the mentally disabled or acute/subacute care correctional facility; or a Supervising Registered Nurse in a large correctional facility; **and** (2) one year of experience as a nursing consultant, or as a director of nursing education/psychiatric nursing in an accredited State mental hospital/developmental center or acute care correctional facility or nurse training program with responsibility for instruction of students at several levels of nursing practice; **or**
2. Three years of experience as a nursing consultant.

And

EDUCATION

Graduation from an accredited school of nursing, possession of a baccalaureate degree, and possession of a master's degree, preferably in nursing administration. (One year of additional experience in an administrative or consultative capacity may be substituted for the master's degree.)

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

- | | |
|--|--|
| 1. Are you willing to treat inmates/youthful offenders in a professional, ethical, and tactful manner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you willing to observe a physical assessment on an inmate/youthful offender? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Are you willing to work around peace officers armed with chemical agents and/or weapons? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you willing to abide by and adhere to institutional safety and security policies? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you willing to wear protective clothing and apparatus as required? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you willing to abide by and adhere to the institutional dress code? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you willing to work professionally with individuals from a wide range of cultural backgrounds? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are you willing to bend, stoop, climb stairs, push, pull, twist, and briskly walk a minimum of 50 yards? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

DEGREES/CERTIFICATIONS

Please indicate if you have completed the following degree or certification.

☐ Certificate in Public Health Nursing

**NURSING CONSULTANT, PROGRAM REVIEW
SUPPLEMENTAL APPLICATION**

Name: _____

WORK EXPERIENCE								
Note to Applicants: Under "Work Experience," for items #10 - 27, please indicate: Frequency: a) If you have performed this task within the last 24 months b) How often you perform this task <i>(Please select one box from "weekly" "monthly" and "annually" column)</i> Level of Skill: a) The level of skill that you have in performing this task <i>(Please select one box from the "level of skill" column)</i>	Frequency				Level of skill			
	Performed task within last 24 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER LICENSING	
10. Act as a consultant to various agencies (public and private), departmental staff, the public, etc., on health care issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Plan studies (e.g., needs assessments, public health studies of infectious disease incidence, etc.) to identify needs and obtain information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Develop tools, aids, methodology, etc. necessary to conduct studies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Organize studies to ensure the study is carried out as planned.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Implement studies to gather/obtain information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Evaluate study results to provide information to management and make recommendations for program modifications and implement new programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Act as a lead to Nurse Consultants and other health-related multidisciplinary staff to provide guidance and direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Plan programs, nursing components of related programs, etc., for statewide implementation to provide quality health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Develop programs, nursing components of related programs, standards, policies, procedures, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Coordinate nursing and related program activities with other Health Care disciplines, departmental staff, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Implement programs, nursing components of related programs, standards, policies, procedures, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Evaluate programs, nursing components of related programs, standards, policies, procedures, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**NURSING CONSULTANT, PROGRAM REVIEW
SUPPLEMENTAL APPLICATION**

Name: _____

WORK EXPERIENCE								
Note to Applicants: Under "Work Experience," for items #10 - 27, please indicate: Frequency: a) If you have performed this task within the last 24 months b) How often you perform this task <i>(Please select one box from "weekly" "monthly" and "annually" column)</i> Level of Skill: b) The level of skill that you have in performing this task <i>(Please select one box from the "level of skill" column)</i>	Frequency				Level of skill			
	Performed task within last 24 months	Weekly	Monthly	Annually	Have not performed this task	Performed task during training ONLY	Performed task as a regular work duty AFTER LICENSING	
22. Supervise a group of Nurse Consultants and/or health professional/technical staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Provide education/training to field health care staff, custody staff regarding health care issues, new health care delivery systems, etc., to provide direction/guidance to staff, and quality health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24. Secure funding for new programs, equipment, staffing, etc., and/or augment existing health care programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Analyze proposed health care legislation, government reports, licensing surveys, etc., to identify areas for improvement, make recommendations, determine the impact on department programs, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Prepare various written documents (e.g., memorandum, correspondence, reports, etc.) to request and/or provide information to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27. Investigate cases of alleged staff misconduct to obtain, analyze and provide information to others (e.g., management, Office of Internal Affairs, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SUPERVISORY EXPERIENCE	
Please indicate if you have any experience supervising the following personnel by marking the appropriate box(es):	
<input type="checkbox"/>	Registered Nurses (RN) and/or Nursing Consultants
<input type="checkbox"/>	Licensed Vocational Nurses (LVN)
<input type="checkbox"/>	Certified Nursing Assistants (CNA)
<input type="checkbox"/>	Recreational Therapists
<input type="checkbox"/>	Psychiatric Technicians

**NURSING CONSULTANT, PROGRAM REVIEW
SUPPLEMENTAL APPLICATION**

Name: _____

CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time ☐ (R) Permanent Part-Time ☐ (K) Limited-Term Full-Time ☐ (A) Any
If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

☐ **5 ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.**

NOTE: California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ **7231 NORTHERN REGION - If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 0309 **Mule Creek State Prison**
Ione, Amador County
- ☐ 0802 **Pelican Bay State Prison**
Crescent City, Del Norte County
- ☐ 1802 **California Correctional Center**
Susanville, Lassen County
- ☐ 1805 **High Desert State Prison**
Susanville, Lassen County
- ☐ 2102 **CSP, San Quentin**
San Quentin, Marin County
- ☐ 3400 **Headquarters**
Sacramento, Sacramento County
- ☐ 3404 **Folsom State Prison**
Represa, Sacramento County

- ☐ 3417 **Richard A. McGee Correctional**
Training Center, Galt, Sacramento County
- ☐ 3423 **CSP, Sacramento**
Represa, Sacramento County
- ☐ 3901 **Deuel Vocational Institution**
Represa, Sacramento County
- ☐ 4804 **California Medical Facility**
Vacaville, Solano County
- ☐ 4811 **CSP, Solano**
Vacaville, Solano County
- ☐ 5505 **Sierra Conservation Center**
Jamestown, Tuolumne County

YOUTH FACILITIES:

- ☐ 3902 **DeWitt Nelson YCF**
Stockton, San Joaquin County
- ☐ 3908 **O.H. Close YCF**
Stockton, San Joaquin County
- ☐ 3917 **N.A. Chaderjian YCF**
Stockton, San Joaquin County
- ☐ 3907 **Northern California YCF**
Stockton, San Joaquin County
- ☐ 0311 **Pine Grove Youth**
Conservation Camp Facility
Pine Grove, Amador County
- ☐ 0307 **Preston YCF**
Ione, Amador County

☐ **7232 CENTRAL REGION - If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 1015 **Pleasant Valley State Prison**
Coalinga, Fresno County
- ☐ 1513 **Wasco State Prison**
Reception Center, Wasco, Kern County
- ☐ 1514 **North Kern State Prison**
Delano, Kern County
- ☐ 1522 **Kern Valley State Prison**
Delano, Kern County
- ☐ 1605 **Avenal State Prison**
Avenal, Kings County
- ☐ 1606 **CSP, Corcoran**
Corcoran, Kings County

- ☐ 2003 **Central California Women's Facility**
Chowchilla, Madera County
- ☐ 2004 **Valley State Prison for Women**
Chowchilla, Madera County
- ☐ 2701 **Correctional Training Facility**
Soledad, Monterey County
- ☐ 2708 **Salinas Valley State Prison**
Soledad, Monterey County
- ☐ 4005 **California Men's Colony**
San Luis Obispo, San Luis Obispo County
- ☐ 1608 **California Substance Abuse Treatment**
Facility, Corcoran, Kings County

YOUTH FACILITIES:

- ☐ 4003 **El Paso de Robles YCF**
Paso Robles,
San Luis Obispo County

☐ **7233 SOUTHERN REGION - If this box is marked, no further selection is necessary.**

ADULT FACILITIES:

- ☐ 1307 **Calipatria State Prison**
Calipatria, Imperial County (North)
- ☐ 1308 **Centinela State Prison**
Imperial, Imperial County (South)
- ☐ 1503 **California Correctional Institution**
Tehachapi, Kern County
- ☐ 1995 **CSP, Los Angeles**
Lancaster, Los Angeles County
- ☐ 3310 **California Rehabilitation Center**
Norco, Riverside County

- ☐ 3313 **Chuckawalla Valley State Prison**
Blythe, Riverside County
- ☐ 3329 **Ironwood State Prison**
Blythe, Riverside County
- ☐ 3612 **California Institution for Men**
Chino, San Bernardino County
- ☐ 3613 **California Institution for Women**
Corona, San Bernardino County
- ☐ 3715 **R. J. Donovan Correctional Facility**
at Rock Mountain, San Diego,
San Diego County

YOUTH FACILITIES:

- ☐ 3628 **Heman G. Stark YCF**
Chino, San Bernardino County
- ☐ 1967 **Southern Youth Correctional**
Reception Center & Clinic
Norwalk, Los Angeles County
- ☐ 5610 **Ventura YCF**
Camarillo, Ventura County

Please notify CDCR promptly of any address changes or availability for employment at the following address:

CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center.

RECRUITMENT QUESTIONNAIRE

**NURSING CONSULTANT, PROGRAM REVIEW
SUPPLEMENTAL APPLICATION**

Name: _____

These questions are not part of the examination but are for the hiring authority's information.

HOW DID YOU HEAR ABOUT THE NURSING CONSULTANT, PROGRAM REVIEW EXAMINATION?

Check the box that best describes how you found out about the Nursing Consultant, Program Review examination.

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Job Fair/Career Fair
- ☐ Other